

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41129
5118

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. St. Mary's Hospital)

2. FULL NAME

Mrs. Anna Hoskin

(a) Residence. No. 1889 So. 7th St. St. X Ward Kansas City - Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. George Hoskin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 26-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 8 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Park
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER John Jeger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Theresa Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mr. George Hoskin
(Address) 1889 So. 7th St., K.C.K.

15. FILED 7/28/31 M. M. Crow
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26th - 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1931, to Dec. 26 1931, that I last saw him alive on Dec. 26, 1931, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralytic ileus
149R
122B
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Childbirth
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. F. Hogan, M. D.

, 19 31 (Address) 415 Fargus Bldg. N. Ch.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Dec. 29, 1931

20. UNDERTAKER Gates Funeral Home ADDRESS K.C. Kans.

Am. Mus. Nat. Hist.
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